

## Early Years Educator

### Emergency Paediatric First Aid Unit One

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## Introduction

The purpose of this unit is for learners to attain knowledge and practical competences required to deal with a range of paediatric first-aid situations.

This unit is designed for learners who have responsibility for infants and children, whether at work in their setting or in a domestic environment. Serious incidents demand a wide range of skills in order to preserve life and prevent lasting harm. This unit is designed to enable learners to deal with all of these eventualities. It gives them the skills and underpinning knowledge needed to enable them to deal with paediatric emergencies appropriately and safely, to prevent exacerbation of injury and preserve the lives of the infants and children in their care.

Learners will be required to demonstrate the ability to assess an emergency situation safely and then carry out all essential first-aid skills, including performing cardiopulmonary resuscitation (CPR), stemming severe bleeding and dealing with infants and children who are choking, or suffering from shock. Learners will gain an understanding of how to administer first aid to an infant and a child with bites, stings and minor injuries, and will have the opportunity to develop the skills to manage minor wounds.

In this development area you will cover the following learning outcomes:

1. Understand the role and responsibilities of the paediatric first-aider
2. be able to assess an emergency situation safely
3. be able to provide first aid for an infant and a child who is unresponsive and breathing normally
4. be able to provide first aid for an infant and a child who is unresponsive and not breathing normally
5. Be able to provide first aid for an infant who is choking
6. Be able to provide first aid to an infant and a child with external bleeding
7. Be able to provide first aid to an infant and a child who is suffering from shock
8. Understand how to administer first aid to an infant and a child with bites, stings and minor injuries

## **1: Understand the role and responsibilities of the paediatric first-aider**

### ***The role and responsibilities of a paediatric first-aider***

An emergency first aider has various roles and responsibilities. It is important first aiders take these roles and responsibilities seriously as first aid is potentially lifesaving in an emergency situation.

The role of a first aider is to provide immediate, lifesaving, medical care before the arrival of further medical help. This could include performing procedures such as:

- Placing an unconscious casualty into the recovery position
- Performing Cardiopulmonary resuscitation (CPR)
- Using an automated external defibrillator (AED)
- Stopping bleeding using pressure and elevation
- Keeping a fractured limb still

A first aider's overall aim should be to preserve life. Other aims of first aid include prevent the worsening of the patient's condition and to promote recovery.

### ***The aims of first aid***

A simple way to remember the aims of first aid is to think of the "Three Ps" – **P**reserve / **P**revent / **P**romote.

#### ***Preserve life***

Your first aim is to preserve life by carrying out emergency first aid procedures. For example, opening a casualty's airway or performing cardiopulmonary resuscitation (CPR).

Preserving life should always be the overall aim of all first aiders. Remember though, this includes your own life! You should never put yourself or others in danger.

This is why the first stage in assessing a casualty (think DRABC) is to conduct a risk assessment and check for any dangers to yourself or bystanders.

If a situation is too dangerous to approach, you should stay back and call for professional help.

#### ***Prevent deterioration***

The second aim of first aid is to prevent the casualty's condition from deteriorating any further. For example, asking a casualty with a broken limb to stay still and padding around the injury will prevent the fracture from moving and causing further injury or pain.

In addition, this aim includes preventing further injuries. You should attempt to make the area as safe as possible and removing any dangers.

If removing danger is not possible you should attempt to remove the patient from the danger or call for specialist help.

## **Promote recovery**

Finally, you can promote recovery by arranging prompt emergency medical help. In addition, simple first aid can significantly affect the long-term recovery of an injury. For example, quickly cooling a burn will reduce the risk of long-term scarring and will encourage early healing.

## **Minimise the risk of infection to self and others**

### **Basic rules for first aid**

- When possible, wash your hands with soap and water and apply disposable latex gloves before touching a wound, blood or other body fluids.
- In the case of serious bleeding, where there is no time to obtain or apply gloves, it is still possible to control the blood loss without having any direct contact with blood. Place your hands in plastic bags and use the patient's hands to apply pressure.
- If you have any cuts or wounds on your hands, ensure that they are fully covered by a waterproof dressing.
- Cover your mouth/nose during any treatment of a patient with a potentially serious infection (e.g. tuberculosis) to avoid inhaling infected droplets.
- If you are splashed with blood or other body fluids, wash the area thoroughly with soap and water as soon as possible. Then contact your doctor for specific medical advice.
- If any of your clothing has been contaminated by body fluids, remove it promptly and immerse it in a container of household bleach, mixed according to and following the instructions on the label.
- Safely dispose of any used dressings, bandages and disposable gloves by placing into a plastic or paper bag and sealing well before putting it into a rubbish bin or burning.
- If there is a hospital or medical clinic nearby, the dressings can be disposed of in a medical Hazardous Waste bin where they will be correctly and incinerated.
- Used instruments, such as scissors or splinter forceps, should be cleaned thoroughly under running cold or warm water. Serrated edges should be scrubbed with a fine nailbrush under running water. The articles should then be disinfected, preferably by immersion in a 1:80 bleach solution.
- After removing disposable gloves always wash your hands thoroughly with soap and water. Dry your hands well to avoid cracking of the skin.

## **Rules for wound care**

- Wash your hands thoroughly and always apply disposable gloves.
- A wound containing dirt or other contaminants should be cleaned with either an antiseptic solution or soap and water. Check the expiry date of any solution you wish to use and DO NOT use if past the expiry date.
- The wound should be dried thoroughly before the dressing is applied.
- Avoid direct finger or hand contact with the wound or the central part of the sterile dressing.
- Apply a light dressing to the wound and secure it with a bandage or tape.
- If the dressing is accidentally dropped or slips off the wound, apply a fresh one at once.
- If the wound has any obvious discharge present, use an absorbent dressing on top of the first sterile dressing and bandage it in place firmly.
- After securing the wound dressing, remove your gloves and wrap them with any soiled dressings and put them in a plastic or paper bag. The bag should be placed in a covered disposal bin or in a Hazardous Waste container.

## **Identify when to use personal protection equipment when providing first aid**

Personal Protective Equipment is an extremely important part of any first aid kit and measures taken to ensure that your setting provides the right sort of equipment.

Because of the ways in which children run around and accidentally bump into each other, or fall over play equipment, you'll more than likely come in contact with blood or bodily fluids. Protective gloves are essential when providing any form of First Aid and in addition, other personal protective equipment such as face masks, eye protection, resuscitation masks or shields should be used as appropriate.

## **Identify contents of a paediatric first-aid kit**

Remember, as childcare setting registered through Ofsted, your First Aid Kit must be compliant with their requirements. Whilst some opinions of this vary, it is generally felt that a good first aid kit should always contain a minimum of:

Large sterile dressing x 2	Eye pad sterile dressing x 2	Medium sterile dressing x 6
Triangular bandage x 4	Alcohol free wipes x 10	Wash proof plasters x 2 bags
Medium gloves x 3 pairs	Safety pins x 1 bag	HSE guidance leaflet x 1

Low adherent pad (5cm x 5cm) x 5

Resusciate x 1

Non-woven swab 4 ply (5cm x 5cm) x 1

Scissors x 1 pair

1.25cm x 5m microporous tape x 1

Size 01 x 20m sterogauze x 1

Sterogauze applicator x 1

### ***Identify the need to complete an accident report/incident record***

You are not required to inform Ofsted of minor injuries, but you must keep a record of these incidents. You are also not required to inform Ofsted of general appointments to hospital or routine treatment by a doctor, such as a child's general practitioner, that is not linked to or is a consequence of a serious accident or injury.

Both registers require you to keep records of accidents. The Statutory Framework for the Early Years Foundation Stage states 'Providers must keep a record of accidents and first aid treatment'.

The Childcare (General Childcare Register) Regulations 2008 state "in the case of a registered person who is not a home child-carer, a record is maintained of accidents occurring on the relevant premises". The requirements do not specify the details of what to include in such a record.

You must report if a serious accident, injury or death occurs in your childcare provision as soon as you reasonably can. In other cases, within 14 days of the incident, you also may need to notify your local child protection agency at the same time. The quickest and easiest way to notify Ofsted is to phone them. They will ask you some questions about the incident. These will include when and where the incident occurred and full details of what happened. You will also be asked for personal details, for example, the name and age of the child or children involved, and details of any other people involved. They may ask you to put the information in writing.

### ***Define an infant and a child for the purposes of first-aid treatment***

For purposes of first aid or CPR, consider infants to be less than one year old and children to be between one and twelve years old. If you cannot determine age well, they are infants until they walk, and they are children until they show signs of puberty. You will not be right all the time if you use the walking and puberty rules, but they can help if you do not know exact age.

## **2: Be able to assess an emergency situation safely**

### **Conduct a scene survey**

You may ask, what is a scene survey? This is the very first thing you do when arriving at the scene of any and all accidents. It is not wise just to rush over and feel that you have to consolidate a child. If the accident is not a naturally occurring one and involves the failure of equipment, you and others, may be in just as much danger as the injured child or children.

### **STOP. Take STOCK, look around.**

Are there any visible dangers such as damage electrical equipment that may cause shock?  
Are there any other physical dangers around you that may cause you harm?  
Are there other people around who may cause you harm?

### **Conduct a primary survey on an infant and a child**

*Danger?*

If someone needs help, before you go up to them check – is it safe?

- **No:** If you can see or hear any danger nearby, for you or them, like broken glass or oncoming traffic, then make the situation safe before you get any closer
- **Yes:** If you can't see or hear any danger then it is safe to go up to them.

*Response:*

Do they respond when you ask them: 'Are you alright?' or if you say: 'Open your eyes!'

- **No:** If they don't respond, pinch their ear lobe or gently shake their shoulders, or with a child - tap their shoulder, and with a baby - tap their foot. If they still don't respond, then you can presume they're unresponsive and move on to the next stage – Airway. Someone who's unresponsive should always take priority so you should treat them first and as quickly as possible.
- **Yes:** If they respond by making eye contact with you or some gesture then you know that they're responsive and you can move on to the next stage – Airway.

*Airway:*

Is their airway open and clear?

- **No:**  
Responsive: If they're responsive, treat them for conditions that may be blocking their airway, such as choking. Only move on to the next stage – Breathing – once their airway is open and clear.  
  
Unresponsive: If they're unresponsive, tilt their head and lift their chin to open their airway. Only move on to the next stage – Breathing – once their airway is open and clear.
- **Yes:** If their airway is open and clear, move on to the next stage – Breathing.

*Breathing:*

Are they breathing normally? You need to look, listen and feel to check they're breathing.

- **No:**

**Responsive:** If they're responsive, treat them for whatever is stopping them breathing, for example, an obstructed airway. Then go to the next stage – **Circulation**

**Unresponsive:** If they're unresponsive and not breathing, call 999/112 for an ambulance, or get someone else to call if possible, and start giving chest compressions and rescue breaths CPR – cardiopulmonary resuscitation. If this happens you probably won't move on to the next stage as the casualty needs resuscitation.

- **Yes:** If they are breathing normally, move on to the next stage – circulation.

*Circulation:*

Are there any signs of severe bleeding?

- **Yes:** If they're bleeding severely, control the bleeding with your gloved fingers, dressing or clothing, call 999/112 for an ambulance and treat them to reduce the risk of them going into shock.
- **No:** If they aren't bleeding, and you're sure you have dealt with any life-threatening conditions, then you can move on to the Secondary Survey, to check for any other injuries or illnesses.

### ***Identify when to call for help***

Always call for help immediately and continue to do so.

Remember, if you are required to provide CPR, this must be continuous until someone is able to relieve you. NEVER leave the child alone

### **3: Be able to provide first aid for an infant and a child who is unresponsive and breathing normally**

#### **Place an infant and a child in the recovery position**

If someone is unresponsive and breathing then you need to turn them onto their side and into the recovery position, to keep their airway open so they can still breathe.

The following steps tell you how to put someone into the recovery position if they're lying on their back. If you find them lying on their side or front, rather than their back, you may not need to follow all these steps.

#### **Babies under one**

Cradle the baby in your arms with their head tilted downwards.

Holding them in this position will keep their airway open and stop them choking on their tongue or breathing in any vomit.

Call 999/112 for emergency help

Monitor their breathing, pulse and level of response.

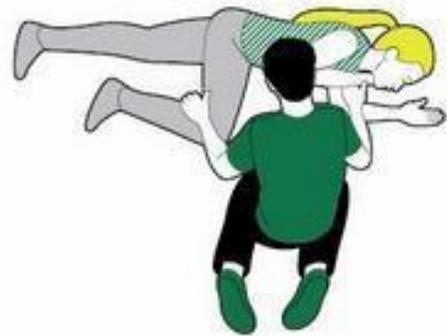


#### **Recovery position for adults and children (one year and above)**

Kneel down next to them on the floor.

Follow the next three steps if you find someone lying on their back. If you find them lying on their side or their front you may not need all three:

1. Place their arm nearest you at a right angle to their body, with their palm facing upwards.
2. Take their other arm and place it across their chest so the back of their hand is against their cheek nearest you, and hold it there
3. With your other hand, lift their far knee and pull it up until their foot is flat on the floor. Now you're ready to roll them onto their side. Carefully pull on their bent knee and roll them towards you. Once you've done this, the top arm should be supporting the head and the bent leg should be on the floor to stop them from rolling over too far.



Next, it is very important that you check that their airway is open, so they can breathe and any blood or vomit from their mouth can drain away. To do this, tilt their head back, gently tilt their chin forward and make sure that their airway will stay open and clear.

If you think they could have a spinal injury, you must try to keep their neck as still as possible. Instead of tilting their neck, use the jaw thrust technique: Place your hands on either side of their face and with your fingertips gently lift the jaw to open the airway, avoiding any movement of their neck.

Once you've put them safely into the recovery position, call 999/112 for an ambulance. Keep checking their breathing

### ***Continually monitor an infant and a child whilst they are in the recovery position***

This requires you to monitor their breathing and their airways to ensure that they do not choke on any vomit, or that they do not begin fitting or suffer a cardiac arrest.

### ***Assist an infant and a child who is experiencing a seizure***

Make sure the infant is protected from experiencing injuries by moving hard objects out of the way and putting something soft under their head.

Try to time the seizure so you can inform others

Gently roll the baby onto their side to help prevent choking.

Make sure there is nothing tight around the baby's neck (for example if they are wearing a high collar, unbutton it).

Avoid trying to open the baby's mouth, putting anything in their mouth, holding them, or preventing movements (including tongue biting).

## **Learn about Seizure First Aid**



### ***Summary***

Stay Calm - A seizure is frightening for everyone. The calmer you are, the better

***Don't Restrain*** During a seizure, the less you have to move or touch a child, the better. Do not try to stop the child's movements or force anything in the child's mouth.

***Observe & Report.*** Try to remember as much as you can about the seizure to tell the paramedics after. Monitor or watch the child after the seizure. The child may seem tired or confused, complain of sore muscles, or have a headache.

#### **4: Be able to provide first aid for an infant and a child who is unresponsive and not breathing normally**

##### **Identify when to administer Cardio Pulmonary Resuscitation (CPR) to an unresponsive infant and an unresponsive child who is not breathing normally**

If a baby is not responding to you and you think they are *unresponsive*, try to see if they react when you gently tap or flick the sole of their foot. If they do not wake up or respond to you, they are likely to be *unresponsive*.

Check to see if they are still breathing normally. If they are *unresponsive* and not breathing normally open their airway and check their breathing again by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breath on your cheek.

If they are not breathing normally, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away.

Place the baby on their back on a firm surface at about waist height in front of you, or on the floor.

Give five initial rescue breaths before starting the sequence of 30 chest compressions and two rescue breaths.



##### **How to give a chest compression to a baby**

Place two fingertips of your lower hand on the centre of the baby's chest.

Press down vertically on the breastbone and press the chest down by at least one-third of its depth.

Release the pressure without moving your fingers from their chest. Allow the chest to come back up fully – this is one compression.

Repeat this 30 times, at a rate of about twice a second – the speed of the song 'Staying Alive'.

Now give two rescue breaths.

Carry on giving 30 chest compressions followed by two rescue breaths for as long as you can, or until help arrives.

If the baby starts breathing normally again, stop CPR and put them in the recovery position.



**Your allocated TLC will provide full teaching of this using an infant and child manakin**

## 5: Be able to provide first aid for an infant and a child who is choking

### Identify when choking is:

- mild
- severe

generally speaking, mild choking is considered when a child or young person's airway is not blocked, and the child can breathe freely.

Sever choking is when a child or young person's airway is blocked, and they are unable to breathe on their own

### Administer first aid to an infant and a child who is choking

If a baby or toddler is suddenly unable to breathe, cry, cough, or speak, they may be choking. This happens if his airways get blocked.

Knowing how to quickly clear a blocked airway and, if necessary, resuscitate your baby, may save his life. If your baby is choking, but still coughing a lot, let him cough - it's the best way to clear an airway.

### How to stop a baby from choking?

Dislodge the blockage

If you can see the object that's blocking your baby's airway, try to remove it with your finger and thumb. But don't poke about in your baby's mouth with your finger. You could inadvertently push an obstruction further into his throat.

Then follow these steps:

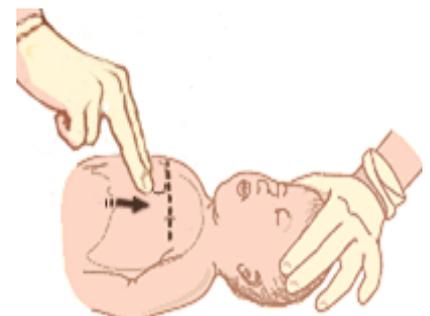
- Hold your baby so that he is lying face-down along your forearm, supported by your thigh, with his head lower than his bottom and his back and head supported.
- Use the heel of your hand to give up to five blows in the middle of the back between your baby's shoulder blades. Effective back blows cure most choking incidents.



Chest thrusts if the child is under one

If the blockage is not dislodged, and the baby is still unable to breathe, try chest thrusts. Follow these steps:

- Lay the baby face up along the length of your thighs.
- Find the baby's breastbone. This is where the lowest ribs join in the middle, just below the nipples. Place two fingertips about a finger's width above that.
- Push sharply downwards to give five chest thrusts (pushes), compressing your baby's chest by about a third.



Try to dislodge the object with each thrust. Only do all five thrusts if needed.

Abdominal thrusts if the child is over a year old

If your child is more than a year old, you'll need to use a slightly different technique. This is also known as the Heimlich manoeuvre:

- Stand or kneel behind your child. Slide your arms under your child's arms and around his upper abdomen.
- Make a fist of one hand and place it between your child's navel and ribs.
- Grasp your fist with your other hand and pull sharply inwards and upwards.
- Repeat up to five times, checking after each thrust to see if the object is dislodged
- Don't apply pressure to your child's lower ribcage. The idea is to get up and under his ribcage

***Your allocated TLC will provide full teaching of this using an infant and child manakin***

## **6: Be able to provide first aid to an infant and a child with external bleeding**

***Explain the types and severity of bleeding in infants and children***

- **Laceration** a deep cut or tear in skin or flesh.
- **Abrasion (graze)** an area damaged by scraping or wearing away.
- **Puncture wounds** an injury that is caused by a pointed object that pierces or penetrates the skin.
- **Incision wound** A clean cut that has penetrated the skin
- **Contusion (bruise)** Causes the blood vessels under the skin to tear and blood forms in this area

### ***Control external bleeding***

Put pressure directly on an outer wound with a sterile bandage, clean cloth, or even a piece of clothing. If nothing else is available, use your hand.

Direct pressure is best for external bleeding, except for an eye injury.

Maintain pressure until the bleeding stops

## **7: Be able to provide first aid to an infant and a child who is suffering from shock**

### ***Recognise an infant or a child who is suffering from hypovolaemic shock***

- **F**     **Facial Awareness**
- **A**     **Arm Weakness**
- **S**     **Speech problems**
- **T**     **Time to call 999/112**

### ***FAST – Act Fast***

Hypovolemic shock is a life-threatening condition that results when you lose more than 20 percent (one-fifth) of your body's blood or fluid supply. This severe fluid loss makes it impossible for the heart to pump a sufficient amount of blood to your body. Hypovolemic shock can lead to organ failure.

This condition requires immediate emergency medical attention.

Hypovolemic shock: Generally results from diarrhoea, vomiting, poor fluid intake, haemorrhage, heat stroke or burns.

Clinical signs of hypovolemic shock include:

- rapid breathing and or heart rate
- abnormally low blood pressure
- weak peripheral pulses
- cool pale skin
- increased urine output and
- changes in mental status.

### ***Administer first aid to an infant or child who is suffering from hypovolaemic shock***

- Make sure the child or infant is laid flat with their feet elevated above their head level
- Keep them still, especially if you suspect injury
- Keep them warm to avoid hypothermia
- Do not attempt to give them fluids via the mouth

## **8: Understand how to administer first aid to an infant and a child with bites, stings and minor injuries**

Explain how to administer first aid for:

- bites
- stings
- small cuts
- grazes
- bumps and bruises
- small splinters
- nose bleeds

### **Bites and Stings**

Most reactions to insect bites and stings are mild, causing little more than redness, itching, stinging or minor swelling. Rarely, insect bites and stings, such as from a bee, a wasp, a hornet, a fire ant or a scorpion, can result in severe reactions.

To take care of an insect bite or sting that causes a mild reaction:

- Move to a safe area to avoid more bites or stings.
- If needed, remove the stinger.
- Wash the area with soap and water.
- Apply a cool compress. Use a cloth dampened with cold water or filled with ice. This helps reduce pain and swelling. If the injury is on an arm or leg, elevate it.
- Apply 0.5 or 1 percent hydrocortisone cream, calamine lotion or a baking soda paste to the bite or sting several times daily until your symptoms go away.
- Inform parents to have the child take an antihistamine (Benadryl, others) to reduce itching.
- Usually, the signs and symptoms of a bite or sting disappear in a day or two.

### ***When to seek emergency care***

Call 999 or your local emergency number if the injured child experiences:

- Difficulty breathing
- Swelling of the lips, eyelids or throat
- Dizziness, faintness or confusion
- Rapid heartbeat
- Hives
- Nausea, cramps or vomiting

### ***Small Cuts and Grazes***

- Calm the child and let them know you can help.

- Apply pressure with a clean cloth or bandage for several minutes to stop bleeding.
- Wash your hands thoroughly.
- Wash the cut area well with soap and water, but don't scrub the wound.
- Remove any dirt particles from the area and let the water from the faucet run over it for several minutes. A dirty cut or scrape that is not thoroughly cleaned can cause scarring.
- Apply an antiseptic lotion or cream.
- Cover the area with an adhesive bandage or gauze pad if the area is on the hands or feet, or if it's likely to drain onto clothing. Change the dressing often.
- Check the area each day and keep it clean and dry.
- Avoid blowing on the abrasion, as this can cause germs to grow.

### *Bumps and Bruises*

- First thing is to apply ice to stop the blood leaking into the area and causing more problems.
- Keep applying ice every 30 minutes or so within the first 24 hours.
- Keep the area elevated.
- Informa parents that after 24 hours, apply a heat pack to the bruise to clear away the pooled blood.

### *Small Splinters*

- Calm the child and let him or her know that you can help.
- Wash your hands.
- Clean the area around the splinter with soap and water.
- Use a sterilized needle or tweezers.
- If part of the splinter is sticking out of the skin, gently try to pull the splinter out using the sterilized tweezers.
- Observe the area for signs of infection such as increased warmth, swelling, redness, drainage, or pain. If you notice any signs of infection, call your child's health care provider. Antibiotics may be needed.
- If the splinters are very small, painless and superficial, you can leave them alone. Eventually they will make their way out of the skin.

### *Nose Bleeds*

- Pinch the soft part of their nose and ask them to lean forward. Pinching the nose helps the blood to clot. ...
- Continue to pinch the soft part of their nose for ten minutes.
- Seek medical advice if the bleeding continues for more than half an hour.